DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE:	STABILIZATION, ASSESSMENT, AND INTERVENTION FACILITY	POLICY 4.25

Authority:

Title 71A RCW	*Developmental Disabilities*	
Chapter 71A.20 RCW	*Residential Habilitation Centers*	
WAC 388-823-1010	*DDA Eligibility Review*	
Chapter 388-825 WAC	*DDA Service Rules*	
WAC 388-845-1150	*Behavioral Health Stabilization*	
WAC 388-71-0712	*Skilled Nursing*	
WAC 246-840-930	*Nurse Delegation*	

Reference: DDA Policy 5.02, *Necessary Supplemental Accommodation*
DDA Policy 5.11, *Restraints*
DDA Policy 5.14, *Positive Behavior Support*
DDA Policy 5.15, *Restrictive Procedures*
DDA Policy 5.16, *Psychotropic Medication*
DDA Policy 5.17, *Physical Intervention Techniques*
DDA Policy 5.18, *Cross System Crisis Plan*
DDA Policy 6.15, *Nurse Delegation Services*

BACKGROUND

The Stabilization, Assessment, and Intervention Facility (SAIF) provides short-term habilitative services focused on reducing clients' target behaviors as identified by their individualized treatment team. SAIF staff provide positive behavior support and de-escalation techniques while working with clients to reduce the severity, frequency, and duration of identified target behaviors. These techniques and supports are taught to the client's long-term residential support provider.

PURPOSE

This policy establishes eligibility, referral, admission, service delivery, discharge, and quality assurance requirements for the SAIF program.

SCOPE

This policy applies to DDA regional field service staff, SAIF employees, and the Residential Quality Assurance Unit.

DEFINITIONS

Acute care setting means a hospital, an evaluation and treatment (ENT) facility, or a residential habilitation center (RHC).

Behavioral health services means a community behavioral health provider available through a client's healthcare network. The provider may offer an evaluation, treatment recommendations, and treatment plan.

Cross-system crisis plan means a guide for service providers to deliver a coordinated and collaborative response to people experiencing, or at risk of experiencing, a crisis per DDA Policy 5.18, *Cross-System Crisis Plan,* across systems of care. Systems of care may include Behavioral Health Organizations (BHO), Accountable Communities of Health (ACHs), state hospitals, law enforcement, probation or parole staff, local Behavioral health agencies, etc.

Functional assessment or functional behavioral assessment means observing a client, reviewing information about the client, and collecting data about the client as outlined in DDA Policy 5.21, *Functional Assessments and Positive Behavior Support Plans.*

Long-term residential provider means a long-term community residential option, such as a client living in the client's own home or receiving support from the client's parent, family, a supported living agency, or a facility-based community residential setting.

Long-term residential services means the services provided by a long-term residential provider.

Positive behavior support plan means the behavior support plan that SAIF creates and implements to help reduce the target behavior that prevents the client from receiving long-term residential services.

Target behavior means a behavior identified by the service provider and treatment team that needs to be modified or replaced DDA Policy 5.21, *Functional Assessment and Positive Behaviors Support Plans.*

Treatment team means the program client and the group of people responsible for the development, implementation, and monitoring of the person's individualized supports and services. This group may include, but is not limited to, the case manager, therapist, SAIF,

employment/day program provider, and the person's legal representative, provided the person consents to the family member's involvement.

<u>POLICY</u>

A.   ELIGIBILITY

    1.   A client who is experiencing a crisis that destabilizes their long-term residential support or who exhibits persistent behaviors that inhibit the client's ability to access long-term residential supports may be eligible for short-term intensive supports through the SAIF program.

    2.   A person is eligible for the SAIF program if the person:

        a.   Is 18 or older;

        b.   Is eligible for DDA services under chapter 388-823 WAC;

        c.   Is eligible for discharge from an acute care setting;

        d.   Has long-term behavioral health services in place at time of admittance to the SAIF program;

        e.   Has established a long-term residential provider; and

        f.   Has frequent stabilization, assessment, and intervention needs as indicated by:

            i.   Three or more hospital admissions for behavioral health stabilization in the last year;

            ii.   A hospital admission for behavioral health stabilization lasting more than four months; or

            iii.   The regional clinical team's assessment that behavioral health destabilization is likely to occur.

    3.   When conducting its assessment, the regional clinical team may consult the DDA Headquarters Clinical Director.

B.   SAIF SERVICES

    1.   SAIF provides short-term, intensive, habilitative services by applying positive behavior support principles and techniques to address a client's distress and

decrease the client's target behavior. SAIF teaches new skills to improve the client's quality of life through behavioral and psychological sciences and educational services.

2.   SAIF staff will use behavioral tracking to assess the effectiveness of the interventions strategies used to reduce the target behaviors. SAIF program will collaborate with the treatment team to stabilize the client's behaviors so they can return to their long-term residential provider.

PROCEDURES

A.   Referral Process - Part 1

1.   If a CRM believes a client might benefit from the SAIF program, the CRM must discuss the service with the client, the client's legal representative, and the regional clinical team.

2.   For a client to be considered for the SAIF program, the CRM must complete Part 1 of the *SAIF Referral Form*, by:

   a.   Confirming the client meets eligibility criteria for the SAIF program;

   b.   Describing the client's short-term goals and desired outcomes; and

   c.   Describing available community resources (e.g., community mental health or diversion bed services) that have been explored by the client.

B.   Referral Process - Part 2

1.   If the client meets eligibility requirements, the CRM must complete Part 2 of the *SAIF Referral form* and submit a prior approval in CARE to the FSA or designee.

2.   The FSA or designee must review and forward the prior approval to the Regional Administrator or designee.

3.   The Regional Administrator must review and forward the prior approval to the HQ SAIF Coordinator with a recommendation.

4.   The HQ SAIF Coordinator must notify the CRM when the request is approved in CARE.

C.   Referral Process - Part 3

     1.   Once the request is approved in CARE, the CRM must submit the following to the SAIF Services Inbox:

         a.   SAIF Referral form;

         b.   DSHS 14-012, *Consent;*

         c.   Current CARE Assessment details; and

         d.   Other relevant documents, such as a positive behavior support plan, a cross-system crisis plan, a risk assessment, incident reports, evaluations, hospital records, and clinical notes.

     2.   Approved referrals are prioritized for admission by the HQ SAIF Coordinator and the SAIF Program Administrator or designee.

     3.   When determining if a client will be admitted to the SAIF program, the SAIF Program Administrator must:

         a.   Review referral documentation;

         b.   Verify vacancy and staffing are available to meet the client's support needs; and

         c.   Communicate the decision or need for additional information to the HQ SAIF Coordinator.

     4.   The HQ SAIF Coordinator must notify the CRM and regional leadership of the decision.

     5.   The DDA CRM must document the decision in a service episode record in CARE.

D.   Pre-Admission

     The SAIF Program Administrator must contact the CRM and the client's legal representative before intake to:

     1.   Establish the client's admission date;

     2.   Establish a plan for contact between the client and the client's family or legal representative (e.g., in-person or video chat);

3.   Establish a plan for the long-term residential provider to send a 30-day supply of the client's medication to SAIF;

4.   Develop the expectations for the client and long-term residential provider's participation in the program;

5.   Review the client's short-term goals and begin developing strategies to reduce target behaviors; and

6.   Determine whether or not the client requires nurse delegation for medication administration.

E.   Program Service Delivery

1.   The SAIF program provides stabilization services for up to 90 days to reduce the client's target behaviors by supporting the client's developmental, behavioral, social, and emotional support needs. For each client, the SAIF program in consultation with the client's treatment team, must:

a.   Provide structured supports in a safe atmosphere;

b.   Assess and develop, or revise, treatment plans to stabilize the client and transition the client back to their long-term residential provider;

c.   Coordinate with the client's long-term residential provider to maintain community supports;

d.   Schedule an initial treatment team meeting no more than 14 days after admittance into the program;

e.   Schedule twice-monthly treatment team meetings to provide an update on client stability, short-term goals, and the transition plan;

f.   Partner with the client's treatment team when developing and implementing a habilitation plan to address client's short-term goals and desired outcomes identified in Part 1 of the Referral Form; and

g.   Work with the treatment team to establish a discharge date.

2.   While the client is at the SAIF program, the CRM must:

   a.   Maintain contact with the client's long-term residential provider to coordinate discharge;

   b.   Attend the treatment team meetings scheduled by the program;

   c.   Record meeting notes in a service episode record;

   d.   Update the client's person-centered service plan, as needed; and

   e.   Update the CARE assessment to make modifications based on recommendations from the treatment team, as needed.

F.   Discharge Planning

   1.   The SAIF program will provide information to long-term residential providers and opportunities to learn strategies for maintaining the client's short-term goals. The long-term residential provider may coordinate with SAIF to send key staff to observe and learn strategies that are tailored for supporting the client.

   2.   The CRM will work with the long-term residential provider to identify additional services in the community that the client might need, like such as counseling or medication management.

   3.   When a client is discharged, SAIF must provide all documents created while in the program to the CRM and the client's long-term residential provider. The document will include the following:

      a.   A copy of all the client's assessments completed while in the SAIF program;

      b.   Copies of any behavior tracking documents created;

      c.   The client's medication administration record (MAR);

      d.   The client's positive behavior support plan;

      e.   A SAIF discharge report;

      f.   Any incident reports involving the client that were created while the client was in SAIF; and

g.   The client's personal property inventory.

G.   Post-Discharge Plan

The CRM may request a phone consultation with the SAIF program to seek technical assistance to help the client for up to 30 days after the client is discharged.

H.   Certification Evaluations

1.   The SAIF program must participate at least annually in a certification evaluation. The DDA-contracted evaluator will review the program's compliance with applicable rules and policies. Notwithstanding the scope statement in the following policies, SAIF must comply with:

    a.   DDA Policy 5.14, *Positive Behavior Support Principles*;

    b.   DDA Policy 5.15, *Restrictive Procedures: Community*;

    c.   DDA Policy 5.16, *Psychotropic Medications*;

    d.   DDA Policy 5.17, *Physical Intervention Techniques*;

    e.   DDA Policy 6.12, *Incident Management and Reporting Requirements for Residential Service Providers*;

    f.   DDA Policy 6.15, *Nurse Delegation Services*; and

    g.   DDA Policy 6.19, *Residential Medication Management*.

2.   During the certification evaluation, the Residential Quality Assurance Program Manager will review for areas of noncompliance and, if indicated, determine corrective actions and timelines with the SAIF program. At this time, the Residential Quality Assurance Program Manager, in collaboration with the HQ SAIF Coordinator, determines the SAIF program's length of certification.

3.   The SAIF program must complete all required corrective actions resulting from the certification evaluation process within the agreed upon timeframe and submit documentation to the Residential Quality Assurance Program Manager.

4.   If the corrective actions are not completed within the specified timeline, the Residential Quality Assurance Unit may take the following enforcement actions:

    a.   Reasonable conditions;

b.   Stop placement;
c.   Provisional certification; and
d.   Decertification.

5.   If SAIF disagrees with a certification evaluation or certification decision, SAIF may request:

a.   An informal dispute resolution; or
b.   A formal dispute resolution with the Deputy Assistant Secretary.

6.   To request an informal or formal dispute resolution, SAIF must:

a.   Submit a written request to the Residential Quality Assurance Unit no more than ten working days after the date of the final certification letter;

b.   Include a written statement that identifies the challenged action, describes SAIF's concerns, and lists regulations and standards cited; and

c.   States whether the request is for a formal or informal dispute resolution.

I.   Quality Assurance

1.   The Residential Quality Assurance Unit will send each client and the client's legal representative a satisfaction survey upon the client's discharge from the program.

2.   The Residential Quality Assurance Unit will receive and monitor feedback provided in the survey responses.

3.   The Residential Quality Assurance Unit informs the HQ SAIF Program Coordinator of concerns identified in the survey.

4.   The HQ SAIF Coordinator will evaluate potential program improvements based on the results of feedback provided in the survey.

EXCEPTIONS

Any exception to this policy must have the prior written approval of the Deputy Assistant Secretary.

SUPERSESSION

None.

Approved: */s/: Debbie Roberts*   Date: <u>May 1, 2021</u>
                         Deputy Assistant Secretary
                         Developmental Disabilities Administration